

JADARA

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Volume 5 | Number 1

Article 9

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November 2019

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*None*

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### Recommended Citation

Baxter, R. (2019). Needs and Solutions in the Rehabilitation of Deaf Youth and Adults\*. *JADARA*, 5(1). Retrieved from <https://repository.wcsu.edu/jadara/vol5/iss1/9>

## NEEDS AND SOLUTIONS IN THE REHABILITATION OF DEAF YOUTH AND ADULTS\*

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E. RUSSELL BAXTER

I must say that I am very pleased to be able to present my views to you today on this particular subject. I must confess at the same time, however, that I suffered considerable anxiety in preparing this paper and in presenting it to you today. This is primarily, I think, because I really know very little about working with people who are deaf. At times also I have been very frustrated in realizing some things that needed to be done in improving programs for the deaf but had no ways of implementing these programs. Let me say that I feel very strongly that many of the rehabilitation needs of the deaf are not being fully met. This is not to say that we are meeting all of the needs of other types of disabled clientele in the State. I know of no group of which this could be said.

I do know a little, I think, about Rehabilitation in general and so this talk represents the point of view of a person who has spent fifteen years in a State-Federal program of Vocational Rehabilitation. I don't want to present things that we have all accepted for many years, nor do I want to repeat such things over and over because I know we are together on many of them and generally they are well-accepted. Really we are talking about what we can do *together* in improving total services for the deaf in the State.

Let me say also that I am well aware that in Arkansas, and this is probably true of any state, the deaf are not satisfied with the

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\*An address delivered at the Arkansas Statewide Conference on Deafness, Little Rock, Arkansas, May 22, 1970.

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services they have received from the State Vocational Rehabilitation Agency. In spite of the fact that the Arkansas Vocational Rehabilitation Agency has spent more money, on a per capita population basis, for vocational rehabilitation services to the deaf than any State in HEW Region VII, the dissatisfaction has often been well grounded in areas where we could have improved in the delivery of services without additional program expenditures. I think it unnecessary, and a complete waste of time, except as history helps us to understand where we are now, to go over all of these things, to go over our shortcomings and to go over the shortcomings of programs in general for the deaf in Arkansas. I hope that in ten years we will still be dissatisfied, but I do hope also that all of us know there will necessarily be tremendous changes in programs for the deaf in Arkansas and elsewhere, because as our overall program emphasis changes in Washington and in Arkansas our future program will be quite different from what it is now.

For years we have been pushed more and more to work with the total clientele whose basic problem is a lack of ability to relate to, understand, and live and work in our present day society. But too many times we have provided only services aimed at increasing the client's vocational skills. Yet, how many times have we seen, even with very sophisticated training, the person fail in his work, whether he happened to be disabled or not?

In thinking about future programs for the deaf, two things impress me as particularly needing careful attention and emphasis. I think Dr. Larry Stewart expressed one of these extremely well in a national forum conducted at New Orleans in February, 1969. This is relative to independence in deaf people. I would like to add to this interpersonal relationships. I think we need to take a long hard look at what we are doing in these two areas in attempting to improve programs and services, especially the delivery of services in the State, both to the adult and to the deaf child.

Dr. Stewart has listed basic components of independence in deaf people. These are emotional security, a constructive self-concept, conceptual skills, an enriched behavioral repertoire, communications skills, opportunities for independent behavior, and communication aides (Stewart, 1968). One thing in his paper impressed me particularly, and this was relative to the self-concept. He said every individual forms a concept of himself as it relates to his environment. Through life experiences there gradually evolves a differentiation between self and nonself. The resulting con-

figuration of self-perception serves as a powerful mediator of the individual's behavior. Dr. Stewart said he had noted many times that deaf youth are encouraged to be as much like hearing people as possible; that the goal of developing speech and speech reading skill sometimes appears to be more important to some professionals than the goal of encouraging individual self-actualization, which requires that the individual pursue excellence according to his own unique needs and abilities rather than in accordance with absolute standards established by authorities. This is seen in educational programs which emphasize only one method of communication and in others which discourage the deaf from the use of manual communication. These approaches negate the principle of individual differences and may affect the deaf person's emotional security and self-concept.

The one statement that Dr. Stewart made which particularly impressed me was that we should encourage the deaf to take pride in themselves and pursue excellence as a deaf person. It certainly wouldn't be a repudiation of the values of the hearing world but would add a new dimension to the totality of meaning and existence for deaf persons. And, of course, as he says, the identity crisis which deaf people face is one of the major stumbling blocks in their path to independence and until they can cease being ashamed of being deaf and fully accept themselves, their independence will be illusionary.

The Arkansas agency has worked with deaf clients for years and years but really we did not know too much about what we were doing as far as the individual counselor was concerned. Too often he feels insecure working with the deaf. He does not know that more is needed than some additional speech instruction, and vocational training. And so, naturally, the client is in trouble. The rehabilitation problem is that the client is unable to grapple with the problems of living in a world which he does not really understand and which certainly does not understand him. Maybe, because he has been living in a world of fostering dependence rather than independence. Unless some type of emphasis is given to helping him overcome this basic problem, and unless the rehabilitation agency to which he is being referred has the staff and resources to give him real help in this respect, he may be doomed to a life of unsubstantial employment, unemployment, under-employment, and poor personal adjustment, regardless of what his vocational skills or previous preparation or work competence might be.

In Arkansas we didn't really start working with deaf people in

large numbers, as rehabilitation clients, until they were admitted into the Hot Springs Rehabilitation Center, some three years ago, as a part of a project of serving the deaf in a comprehensive rehabilitation setting. This project has continued and has been modified substantially, but still exists now at the Hot Springs Center in serving the multiply handicapped deaf. When these clients first entered the Center, we began to study and understand them and to see some of their needs. We shouldn't have been surprised, but we were when we found that these clients needed far more training in communication skills, interpersonal relationships, patterns of work, and personal behavior, than in actual vocational skills.

Further, we found that many of their vocational skills, which were pretty good, were useless because they did not have an acceptable level of proficiency in social behavior patterns. So many of them, for example, were not familiar with routine things, or things we thought were routine, such as income tax, social security deductions, legal requirements of different types, net earnings, what the employer might expect and not expect as far as behavior is concerned, and many other things that have to be taught to the deaf in a formal way, but which we in the hearing world learn as a matter of course as we grow up. We were surprised that tests of educational achievement resulted in scores for the deaf clients that were much lower than we expected them to be. So often weak communication skills, inferior interpersonal relationships, and their total behavior are not that which society accepts as normal. As a result these deaf people cannot live successfully without special adjustment and assistance.

Right now the program in Hot Springs, where we've done considerable research, study, and observation of the multiply handicapped deaf as well as the deaf in general, has proven the need for substantial assistance. We know what we need in many, many areas but have no way of effecting programs to meet these needs because of one shortcoming or another, the greatest being funding. And it is not easy to think of really changing the focus of rehabilitation, the focus of working with the deaf. For example, for many years we in rehabilitation have supplied training and surgery and hospitalization and traditional services to the handicapped with some success, but the underlying assumption and, I regrettably say it was probably conscious, was that clients accepted for services were unemployable because they lacked the training or a surgical procedure or some other routine service and this was fostered by

the Federal guidelines and the Federal philosophy. Once one of these services was supplied it was assumed and expected that the client could and would work, and these services, until relatively recently, were given apart from consideration of behaviorial patterns even though there has always been an attempt to offer counseling services.

But now society is insisting that public agencies work with the more severely disabled, and work with a broader approach involving the total personality and a more complete service that is needed by the client. And so we find that we must offer services in conjunction with complex psychological and emotional considerations, otherwise, they have no value whatever.

I think we can expect this to continue because the real emphasis now is on behavioral problems and problems caused by sociocultural and educational deprivation. In fact, the national priority is in this area. So we are talking about complicated cases, cases that need far more than just vocational training or physical restoration. We are talking about this with the deaf as well as with many of the new disability priorities in national rehabilitation areas. Really the change of approach is quite simple but it has far reaching implications. We know that many of our clientele must learn and adapt to the behaviors society demands before they can make use of other rehabilitation services that are offered. Unless clientele can develop acceptable behavior then society will not give them a job nor accept them as members in good standing regardless of whatever else we do for them.

So we, as public agencies, must alter the pattern of services on which we have succeeded in the past. We must approach it more on a clinical basis, including the individual psychological forces and environmental conditions which affect the client. We have to have new staff, we have to have different techniques and new justifications for individual rehabilitation programs.

We need these immediately, even in current programs.

To prepare a child for adult life apart, for example, from the conditions in which he will live, inevitably results in adjustment problems. This is whether he is a school child or an adult. The school for the deaf has done a tremendous job, but it also needs substantial help and assistance now in providing consultative services, itinerant services, resource services, and other types of services that will improve the ability of the child or the adult to develop independence and interpersonal skills that will enable one to live in a

“normal world”.

So what specifically do we need to look at in Arkansas? I think probably the best thing to do is to look at the Statewide Plan which was developed by community people and rehabilitation agency people, and completed last year after two years of study. Let's look at these specifically, but let's also look at them in terms of the two areas that I have emphasized to you.

This really is our guideline - Our plan of Action - a plan that was developed by the people and the professional workers in all aspects of work for the disabled.

It was recommended that:

1. The development of diagnostic, evaluative and therapeutic services for the hearing impaired continue to receive the increased attention so recently noted.
2. Service agencies developing regional services give strong consideration to the inclusion in these “comprehensive services,” of services to the hearing impaired.
3. Arkansas Rehabilitation Service expand its involvement with services to the hearing impaired and assist in the development of these services in cooperation with such other regional services as community mental clinics and diagnostic centers operated by public schools under Title III grants of the Elementary and Secondary Education Act.
4. At least the larger public school systems in Arkansas develop special classes for the hearing impaired to avoid as often as possible the need for institutional placement of many of these children.
5. Some means be made available for funding preschool programs for the young hearing impaired. Of all the disabled young, hearing impaired children most need early preschool training and can reap lasting benefits from it.
6. The Arkansas School for the Deaf be given sufficient line item positions and funding for employment of additional counseling and student service personnel to permit intensified student counseling and evaluative services.
7. All efforts possible be made to support and encourage the School for the Deaf in continuing and enlarging its program evaluation projects including such studies as deinstitutionalization projects, follow-up studies of former students, out-of-the-institution summer work programs and program development

- exchanges with specialists in other disabilities.
8. The Arkansas Rehabilitation Service explore the offer contained herein from the Superintendent of the Arkansas School for the Deaf to provide space for a sheltered workshop in cooperation with Rehabilitation.
  9. The Arkansas Rehabilitation Service spearhead efforts to develop the provision of interpreting services to the deaf community in order to make more accessible to this group those services available to any other citizen.
  10. A study be made of the various social services available to the public in order to determine to what degree deaf individuals receive benefits from these agencies and, if they are not receiving them, what can be done to overcome the barriers that prevent their participation in such services.
  11. The specialized project that has been developed at the Hot Springs Rehabilitation Center in Hot Springs for the training of the deaf should be continued and, if possible, expanded. The result of the research and the efforts made in that program should be made known to the other agencies in order that they may be encouraged to undertake programs of this nature as well as to develop new services or new approaches to the delivery of services.
  12. The Arkansas Rehabilitation Service put special efforts into recruiting consulting personnel that possess communication skills with the deaf in order to strengthen its overall services to this group.
  13. The Arkansas Rehabilitation Service use its specialized personnel in the special deaf project being conducted at the Hot Springs Center (and with its graduates) to provide consultant services and training to selected field counselors to better enable them to work with the deaf.
  14. The specialized personnel referred to in the preceding two recommendations be used to provide consultation to the sheltered workshop program in order to make its programs more accessible and useful to the deaf.
  15. The feasibility of establishing day classes for the mentally retarded deaf be explored for the more heavily populated areas.
  16. The special classes for the mentally retarded deaf at the Arkansas School for the Deaf receive the financial support necessary to ensure their continued strengthening and expansion.



17. Studies be conducted to determine whether or not there is a need for interpreting services in the State Hospitals and the University of Arkansas Medical Center in order to assist in the development of services for the physically or emotionally ill deaf and hard-of-hearing. Such a study should also be conducted in the correctional system. Perhaps the demand would require only the sharing of personnel.
18. Agencies employing speech and hearing personnel work toward the requirement of clinical certification as a basic requirement for employment of staff.
19. Since the Arkansas School for the Deaf is an educational institution and is, therefore, eligible for "Education Professions Development Act" grants, such a possibility should be explored. (Joint application with colleges are being encouraged.) Such grants could be used to train interpreters, speech therapists, etc.

Let's pool our resources, give up our vested, selfish interests, and truly be concerned about our citizens who are deaf. Let's learn together to do this work as it should be done. Let's admit what we do not know and research it so we can more effectively provide the needed service. We are not satisfied with our services - neither private nor public. It will take our best cooperative efforts to make them what they should be.

Stewart, Larry. Fostering independence in deaf people. In Jones, Ray (Ed.), **The Deaf Man and the World**. Washington, D.C.: Council of Organizations Serving the Deaf, 1968.